

## FACT SHEET

# TITLE X FAMILY PLANNING

### The Nation's Family Planning Program

The Title X (ten) family planning program is the nation's only dedicated source of federal funding for family planning services and enables access to high-quality family planning and sexual health care to millions of people every year, with a priority given to people with low or no incomes. This fact sheet provides an overview of the program and how services are organized and delivered nationwide.

## WHAT IS TITLE X?

- The Title X family planning program, often referred to as Title X, is a federal grant program established under the Public Health Service Act that supports clinical family planning services, patient and public education, research, and training for family planning staff across the country.<sup>1</sup>
- The program became law in 1970<sup>2</sup> under President Richard Nixon with broad bipartisan support and has been funded by Congress every year since. Congress appropriated \$286.5 million for Title X in fiscal year (FY) 2023.<sup>3</sup>

## WHY IS TITLE X IMPORTANT?

- Title X is the only dedicated source of federal funding for domestic family planning. This funding is critical to maintaining access to services for people with low and no incomes and people who otherwise lack access to care. In 2021, the health centers that received Title X funding relied on those grants for, on average, 30% of the revenue needed for their family planning projects.<sup>4</sup>
- Many people who rely on Title X-funded health centers for family planning and sexual health services otherwise lack access to care. A 2018 study found that 60% of women who received contraceptive services from a Title X-funded health center in 2016 had no other source of medical care in the prior year.<sup>5</sup> In addition, Title X-funded health centers may be among the few access points for people without insurance or with Medicaid to receive affordable care, as all Title X services are available at no cost to people living below the federal poverty line<sup>6</sup> (\$14,580 for an

individual in 2023 in the continental United States; higher in Hawaii and Alaska), and with a schedule of discounts for individuals with incomes up to 250% of the federal poverty line.<sup>7</sup> Finally, Title X-funded health centers are able to serve individuals regardless of their immigration or documentation status.<sup>8</sup>

- Relative to other publicly funded health centers that offer family planning services, Title X-funded providers are more likely to stock a wide range of contraceptive supplies and to facilitate patients beginning their chosen contraceptive method the same day as their appointment - both critical factors to ensuring that patients can receive the method they want, when they want it.<sup>9</sup>
- Unlike fee-for-service insurance reimbursements, Title X funds can be used for vital operational needs, such as rent and utilities, provider training, and community outreach.<sup>10</sup>

## HOW IS THE PROGRAM ADMINISTERED?

- As with many safety-net health care programs, Title X funds are allocated to the Health Resources Services Administration through the discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the US Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.<sup>11</sup>
- Any public or nonprofit entity is eligible to apply for a Title X service grant. The 85 current grantees, which hold 97 grants nationwide, support a diverse network of providers, from local and state health departments to federally qualified health centers. Grantees may provide clinical services themselves and/or support a network of subrecipient agencies that operate health centers across the grantee's service area. As of January 2023, 53% of grantees are state and local health departments, 11% are federally qualified health centers, 12% are Planned Parenthood affiliates, and 25% are other nonprofit agencies.<sup>12</sup>
- Title X grants are typically awarded as multi-year projects. There are 78 grants across the country in the middle of a five-year project period ending in March 2027, as well as 19 shorter-term grants ending in March and April 2023.<sup>13</sup>
- Title X projects must operate within the Title X statute and regulations set out by HHS. The program is currently operating under regulations finalized by the Biden administration in November 2021.<sup>14</sup>

## WHO RELIES ON TITLE X?

- OPA reported that in 2021, 1.7 million patients received Title X-supported services.<sup>15</sup> This figure is well below the 4 million people served in 2018; OPA attributes the

substantial decrease to the dual impacts of a devastating program rule implemented by the Trump administration in 2019 and the COVID-19 pandemic.<sup>16</sup> The impact of the Biden's administration's overturning of the Trump-era rule will be most evident in data from 2022 and beyond, as the Biden rule did not go into effect until November 2021 and grantees were not able to re-enter the network until new grants were awarded in April of 2022.

- In 2021, 65% of patients at Title X-funded health centers had incomes at or below the federal poverty level (FPL);<sup>17</sup> that year, FPL was \$12,880 for an individual and \$21,960 for a family of three.<sup>18</sup> These patients received services at no cost. Another 21% of patients had family incomes between 101 and 250% FPL and therefore received services at a discount.<sup>19</sup>
- In 2021, 36% of Title X patients were uninsured, 44% were enrolled in Medicaid or other public health insurance programs, and 18% had private insurance.<sup>20</sup> The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states. Prior to 2020, Medicaid was the largest revenue source, on average, for Title X-funded programs, and it is currently the second-largest source after the Title X grant itself.<sup>21</sup>
- Title X-funded health centers are key sources of care for people of color, with 25% of Title X patients identifying as Black or African American and 38% as Hispanic or Latino/a (with some individuals identifying as both). In addition, approximately one in five patients using Title X-funded services speak little or no English.<sup>22</sup>
- Title X-funded health centers provide services to people of all ages. In 2019, 8% of patients were below age 18, 72% of patients were ages 18-39, and 20% of patients were 40 or older.<sup>23</sup> Title X is particularly important for young people, as they may choose to access services without parental involvement and can use their own income, rather than their family income, to qualify for low- or no-cost care.<sup>24</sup>

## WHAT SERVICES DO HEALTH CENTERS PROVIDE?

- Title X health centers provide access to contraceptive services, supplies, and information and related health care to all who need them. By law, however, priority is given to people with low or no incomes.<sup>25</sup>
- Title X-supported services include pregnancy testing and nondirective pregnancy options counseling, including patient-directed referral; contraceptive counseling and services; testing and treatment for sexually transmitted infections (STIs); pelvic exams; screening for cervical cancer, breast cancer, high blood pressure, anemia, diabetes, and HIV/AIDS; basic infertility services; health education; and referrals for health and social services.<sup>26</sup> This array of services falls within guidelines published in 2014 by the Centers for Disease Control and OPA (*Providing Quality Family*

*Planning Recommendations*), which set the national standard for family planning services.<sup>27</sup>

- In 2021, 81% of female patients exited their appointment at a Title X-funded health center with an existing or new contraceptive method or were pregnant or seeking pregnancy.<sup>28</sup> In addition, these centers administered 349,236 Pap tests, 364,731 clinical breast exams, more than 2 million STI tests, and an additional 488,904 HIV tests to patients of all genders.<sup>29</sup>

## CHALLENGES FACING TITLE X-FUNDED PROVIDERS

- Having a robust network of dedicated family planning and sexual health care providers is integral to ensuring access to high-quality care for all individuals in need. Between 2018 and 2021, the number of full-time equivalent clinical service providers participating in the Title X program decreased by 34%.<sup>30</sup> The main factors contributing to workforce shortages across the Title X program range from the pandemic's strain on resources, implementation of the 2019 program restrictions, persistently inadequate payment and reimbursement rates, and workforce burnout.
- Title X has been flat-funded since FY2014 and is currently funded at \$286.5 million, \$31 million less than it was in FY 2010, not adjusted for inflation.<sup>31</sup> Even that allotment was inadequate—the most recent federal estimates suggest that at least \$737 million would be needed annually for the program just to serve all women in need of publicly funded family planning services.<sup>32</sup>
- The 2021 Title X rule promulgated by the Biden administration is the subject of litigation led by 12 states that wish to return to the 2019 Trump rules that, among other harms, prohibited referrals for abortion care and required unnecessary strict physical separation between Title X and abortion services. As of January 2023, hearings in *Ohio v. Becerra* had been held in the US District Court for Southern District of Ohio and in the Sixth Circuit Court of Appeals but no final decision had been reached.<sup>33</sup>

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2. Ibid.
3. *Consolidated Appropriations Act, 2023*. Public Law 117-328, *U.S. Statutes at Large 136* (2022).
4. Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>.
5. Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," Guttmacher Institute (June 2018). <https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x>.
6. "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," *86 Federal Register* 56144 (October 7, 2021).
7. Office of the Assistant Secretary for Planning and Evaluation, "HHS Poverty Guidelines for 2021," US Department of Health and Human Services (January 12, 2022). <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
8. Butler Stith and Clayton Wright, eds, *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results*, Institute of Medicine Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program, Washington, DC: National Academies Press (2009).

9. Mia Zolna and Jennifer Frost, "Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols," Guttmacher Institute (November 2016). <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>.
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11. Ibid.
12. "HHS Awards \$6.6 Million to Address Increased Need for Title X Family Planning Services," Office of Population Affairs (January 21, 2022). <https://opa.hhs.gov/about/news/grant-award-announcements/hhs-awards-66-million-address-increased-need-title-x-family>; "HHS Awards \$256.6 Million to Expand and Restore Access to Equitable and Affordable Title X Family Planning Services Nationwide," Office of Population Affairs (March 30, 2022). <https://opa.hhs.gov/about/news/grant-award-announcements/hhs-awards-256-million-expand-and-restore-access-equitable>.
13. Ibid.
14. "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," 86 Federal Register 56144 (October 7, 2021).
15. Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>.
16. Ibid; Christina Fowler et al, "Family Planning Annual Report: 2018 National Summary," RTI International (August 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.
17. Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>.
18. Office of the Assistant Secretary for Planning and Evaluation, "HHS Poverty Guidelines for 2021," US Department of Health and Human Services (January 13, 2021). [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines).
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29. Ibid.
30. Ibid.
31. Office of Population Affairs, "Title X Program Funding History," US Department of Health and Human Services (2022). <https://opa.hhs.gov/grant-programs/archive/title-x-program-archive/title-x-program-funding-history>.
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